This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

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Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed.

X Attorney or agent of record .

Typed or Printed Name

LILA A. T. AKRAD

Signature

Data

4-9-04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual cases. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Officer, Patient and Tradement Office, Washington, DC 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patients, Washington, DC 20231.